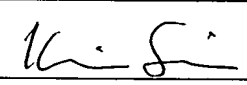
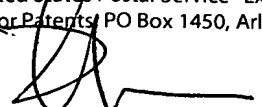


| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | | | ATTORNEY'S DOCKET NO. AT02 0068 US U.S. APPLICATION NO. (if known, 37 CFR 1.53) 107535348 Unknown | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|---|---------|---|--------------|--------------|--------------|--------|--------------|-----------|---|--------|------|--------------------|---------|---|---------|------|-------------------------------|--|--|--|--|---|--|------|
| INTERNATIONAL APPLICATION NO. PCT/IB03/004906 | | INTERNATIONAL FILING DATE 31 October 2003 | | PRIORITY DATE CLAIMED 21 November 2002 | | | | | | | | | | | | | | | | | | | | | | |
| TITLE OF INVENTION Method of recognizing whether a trasponder belongs to a group of transponders | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT(S) FOR DO/EO/US Franz Amtmann, Michael Cernusca, and Christian Scherabon | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant(s) herewith submit to the United States Designated/Elected Office (DO/EO/US) the following: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. <input type="checkbox"/> The US has been elected (Article 31). <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) has been transmitted by the International Bureau. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) have not been made and will not be made. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following document(s) or information are included: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98 <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included <input checked="" type="checkbox"/> A preliminary amendment <input checked="" type="checkbox"/> Power of Attorney to Prosecute Application before the USPTO <input checked="" type="checkbox"/> Statement under 37 CFR 53.73(b) <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Authorization Pursuant to 37 CFR 1.136(a)(3) and to Charge Deposit Account <u>14-1270</u> <input checked="" type="checkbox"/> Receipt Confirmation Postcard | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following fees have been submitted: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Basic national fee \$ 300 <input checked="" type="checkbox"/> Examination fee \$ 200 <input checked="" type="checkbox"/> Search Fee \$ 400 <p style="text-align: right;">TOTAL OF ABOVE =</p> | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">CALCULATIONS</th> <th style="text-align: center;">PTO USE ONLY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: bottom;">\$ 900</td> <td></td> </tr> </tbody> </table> | | CALCULATIONS | PTO USE ONLY | \$ 900 | | | | | | | | | | | | | | | | | | |
| CALCULATIONS | PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ 900 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">CLAIMS</th> <th style="text-align: center;">NUMBER FILED</th> <th style="text-align: center;"># EXTRA</th> <th style="text-align: center;">RATE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td style="text-align: center;">12 - 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$50</td> <td style="text-align: center;">\$ 0</td> </tr> <tr> <td>Independent claims</td> <td style="text-align: center;">1 - 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$200</td> <td style="text-align: center;">\$ 0</td> </tr> <tr> <td colspan="5" style="text-align: center;">TOTAL OF ABOVE CALCULATIONS =</td> </tr> </tbody> </table> | | | | CLAIMS | NUMBER FILED | # EXTRA | RATE | | Total claims | 12 - 20 = | 0 | X \$50 | \$ 0 | Independent claims | 1 - 3 = | 0 | X \$200 | \$ 0 | TOTAL OF ABOVE CALCULATIONS = | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; vertical-align: bottom;">\$ 0</td> </tr> </tbody> </table> | | \$ 0 |
| CLAIMS | NUMBER FILED | # EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | 12 - 20 = | 0 | X \$50 | \$ 0 | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | 1 - 3 = | 0 | X \$200 | \$ 0 | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)) accompanied by an appropriate cover sheet (37 C.F.R. 3.28,3.31). \$40.00 per property + | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; vertical-align: bottom;">\$ 40</td> </tr> </tbody> </table> | | \$ 40 | | | | | | | | | | | | | | | | | | | | |
| \$ 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEES ENCLOSED = | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center; vertical-align: bottom;">\$ 940</td> </tr> </tbody> </table> | | \$ 940 | | | | | | | | | | | | | | | | | | | | |
| \$ 940 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the above fees, as well as any additional fee which may be required, with the exception of the Base Issue Fee, or credit any overpayment to our Deposit Account No. 14-1270 . NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b)) must be filed and granted to restore the application to pending status. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND ALL CORRESPONDENCE TO: PHILIPS ELECTRONICS NORTH AMERICA CORPORATION Intellectual Property & Standards 1109 McKay Drive, M/S41-SJ San Jose, California 95131 | | | | <div style="text-align: center;">  Kevin Simons, Reg. No. 45,110 Tel.: (408) 474-9075 </div> | | | | | | | | | | | | | | | | | | | | | | |
| USPTO CUSTOMER NO. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 24738 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE OF EXPRESS MAILING | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 is addressed to "Mail Stop PCT, Commissioner for Patents, PO Box 1450, Arlington, VA 22313," on the date indicated below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Date) <u>5/18/05</u> | | (Signature)  (Name) Daniel L. Michalek | | | | | | | | | | | | | | | | | | | | | | | | |

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